



Please return this questionnaire directly to (For facility address)  
DO NOT RETURN TO OFFENDER

## VISITOR'S QUESTIONNAIRE

OFFENDER NAME	DOC NUMBER	INSTITUTION	UNIT
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The above-named offender has asked that you be placed on their visiting list. If you wish to visit this offender, please complete this questionnaire completely and return it address in the upper right corner of this page.

You will be notified by the offender if and when you are approved to visit. If you are approved for visits, you should be aware that specific dress codes are required. Please check with the offender or institution prior to your first visit to ensure compliance with their dress code.

If you do not return this questionnaire within thirty (30) days, we shall assume you do not wish to visit

**READ CAREFULLY: All questions MUST be answered. Any omission or falsification of this questionnaire will be sufficient reason to deny or cancel visiting privileges. If you are under the age of 18, you must have notarized written consent of your legal guardian or parent to visit. Minors must be accompanied during the visit by a parent or legal guardian. Please return your questionnaire by \_\_\_\_/\_\_\_\_/\_\_\_\_, Or we will assume you do not wish to visit.**

NAME (FIRST)		(MIDDLE)		(LAST)		DATE OF BIRTH		PLACE OF BIRTH	
ADDRESS (STREET)				(CITY)				(STATE) (ZIPCODE)	
TELEPHONE NUMBER ( )		SOCIAL SECURITY NUMBER*		ID TYPE		ID NUMBER			
MAIDEN NAME		PREVIOUS MARRIED NAMES				DRIVER'S LICENSE NUMBER			
HEIGHT	WEIGHT	EYES	HAIR	GENDER	RACE	HISPANIC? <input type="checkbox"/> YES <input type="checkbox"/> NO			
RELATIONSHIP TO OFFENDER: (MOTHER, WIFE, FRIEND, ATTORNEY, ETC.)						Visiting rules received? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Have you ever been involved in illegal or criminal activity with the above named offender? ☐ Yes ☐ No. If "yes," when and where?

\_\_\_\_\_

Are you presently under active supervision by any state or local criminal justice entity? ☐ Yes ☐ No

If "yes," you must be an immediate family member and submit with this questionnaire written permission to visit from your supervising authority.

Have you ever been or are you presently approved to visit any other offender? ☐ Yes ☐ No. If "yes", please list name, date, DOC number, relationship and location:

\_\_\_\_\_

NOTE: You may not visit offenders at more than one institution unless you have the approval of the superintendent's of the applicable institutions.

Are you now or have you ever been employed by the Washington Department of Corrections? ☐ Yes ☐ No  
If "yes," where did you work and when?

\_\_\_\_\_

\*Your Social Security Number is requested under the authority granted to a Superintendent pursuant to RCW 72.02.045 and will be used to perform a background check to ensure that you meet the criteria and eligibility for entering an adult correctional facility. Disclosure of your Social Security number is mandatory if you wish to be granted visitation privileges. Information received may be shared with other law enforcement agencies when appropriate.

Have you ever been convicted of a Felony? ☐ Yes ☐ No.  
If "yes," when and where?

\_\_\_\_\_

U. S. Citizen? ☐ Yes ☐ No. If "no," alien identification type and number \_\_\_\_\_

Country of citizenship \_\_\_\_\_

Have you ever been incarcerated in the Department of Corrections? ☐ Yes ☐ No.

Release Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of months you have known offender. \_\_\_\_\_

Have you ever been denied visiting privileges at a Department of Corrections facility? ☐ Yes ☐ No. If "yes," when and where?

\_\_\_\_\_

### IN CASE OF EMERGENCY CALL:

NAME

TELEPHONE NUMBER

MEDICAL INFORMATION (OPTIONAL)

**SEARCH OF VISITORS:** To prevent possible delivery of weapons, controlled substances, or contraband to offenders, all visitors are subject to pat, strip, electronic, locker, vehicle, and canine searches and inspections of any purses, packages, briefcases, or similar containers which are brought onto the premises of the institutional grounds.

**REFUSAL TO BE SEARCHED:** A visitor has the option of refusing to be searched but may then be removed from the institution and denied visiting rights or entrance to the institution for a period not to exceed ninety (90) days. If a visitor refuses to be searched on more than one instance, their visiting rights may be denied permanently.

I, the undersigned, understand the search procedures written above and hereby grant authority to the institution to search my person or property in compliance with these procedures.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PARENT OR LEGAL GUARDIAN CONSENT**

***Notarized, written permission from a non-incarcerated parent or legal guardian is required before a minor (under 18) may visit an offender. I understand that the visits may be contact visits. A certified copy of the minor's birth certificate and, if appropriate, a copy of the filed court order establishing legal guardianship must accompany this Visitor's Questionnaire form.***

I, \_\_\_\_\_ hereby give my consent as  
PRINT FULL NAME SIGNATURE

legal guardian or parent, for the above-named person to visit offender

\_\_\_\_\_  
OFFENDER NAME

\_\_\_\_\_ residing at

DOC NUMBER

\_\_\_\_\_  
INSTITUTION

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_  
DAY

DAY OF

\_\_\_\_\_  
MONTH, YEAR

SEAL

\_\_\_\_\_  
(Signature)

NOTARY PUBLIC in and for the state of Washington

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
My Commission Expires

**DO NOT WRITE BELOW THIS LINE**

DT09 (Optional )

\_\_\_\_\_  
DATE

NCIC

\_\_\_\_\_  
DATE

☐ APPROVED ☐ DISAPPROVED

\_\_\_\_\_  
DATE

Reason:

Entered into PAS

By

DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

***The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, REW 42.17, and RCW 40.14***



**IMPORTANT APPLICANT INFORMATION:**

As a law enforcement agency, it is necessary that all paid and volunteer personnel of the Department of Corrections be carefully screened prior to appointment or approval. This information is required in order to safeguard the confidentiality of departmental information and to protect the security of institutions. This disclosure requirement does not preclude your employment or service with the Department of Corrections if, in the judgement of the appointing authority, your qualifications are determined to be appropriate for the position(s) for which you are applying.

**PRINT FULL NAME:** \_\_\_\_\_

LIST BELOW CONVICTIONS AND INCARCERATIONS FOR ANY PRIOR FELONY OFFENSE(S). ALSO LIST ANY GROSS MISDEMEANANT OFFENSE(S) INVOLVING SEXUAL MISCONDUCT AND / OR AN ACT OF VIOLENCE. INCLUDE THOSE SENTENCES THAT WERE SUSPENDED AND / OR DEFERRED AND THOSE ISSUED BY A JUVENILE COURT WHERE THE DEFENDANT WAS FIFTEEN YEARS OF AGE OR OLDER AT THE TIME THE OFFENSE WAS COMMITTED. DO NOT INCLUDE CONVICTIONS VACATED BY A COURT AND REMOVED FROM THE OFFICIAL RECORD. IF THERE ARE NO CONVICTIONS, INDICATE BY WRITING "NONE" BELOW.

DATE	CRIME	IF INCARCERATED, GIVE LOCATION AND DATES IF NOT INCARCERATED, WHAT DISPOSITION WAS MADE?

IF ANY CONVICTIONS - HAVE YOU RECEIVED A FINAL DISCHARGE FROM SUPERVISION, INCLUDING ALL CIVIL RIGHTS BEING RESTORED?

YES ☐ (INDICATE DATE \_\_\_\_\_ AND ATTACH A COPY OF DISCHARGE.)  
NO ☐

DO YOU NOW HAVE ANY RIGHT UNDER THE LAW TO CARRY AND USE A FIREARM?

YES ☐ (LIST DATE AND B.A.F.T. PERMIT NUMBER \_\_\_\_\_)  
NO ☐

**ALL ANSWERS AND STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT A BACKGROUND CHECK, INCLUDING, BUT NOT LIMITED TO: ARRESTS AND CONVICTIONS; PRIOR EMPLOYMENT; AND EDUCATION WILL BE CONDUCTED. THAT IF HIRED, I WILL BE FINGERPRINTED AND THAT UNTRUTHFUL OR MISLEADING ANSWERS OR DELIBERATE OMISSIONS ARE CAUSE FOR REJECTION OF MY APPLICATION, REMOVAL OF MY NAME FROM ELIGIBLE REGISTERS, OR DISMISSAL, IF EMPLOYED OR ACTING AS A VOLUNTEER OR VISITOR / SPONSOR APPROVAL.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*By completing this form DOC 03-031 Criminal Disclosure and returning it, you are giving your authorization to release information.*